APPLICATION FOR RECORDS RETENTION SCHEDULE

INSTRUCTIONS: See Publication No. 76–RM–1 for instructions on completing this form. Forward signed original to Department of Archives and History, Records Management Division, 330 Capitol Avenue, Atlanta, Georgia, 30334, Attention: Scheduling Section.

FOR AGENCY USE	1. Agency Address	FOR RECORDS MANAGEMENT USE
Application Date	Georgia Department of Human Resources Division of Administration - Personnel Services - Room 524-H	**Application Number** 77-187
Application Number	47 Trinity Avenue, S. W. Atlanta, Georgia 30334	**Date Received** JUN 29 1977 **Date Completed** JUL - 6 1977

2. Person to Contact	Working Title	Telephone Number
Flora Shields	Chief, Transactions & Leave Record Control Unit	656-4588

3. Action Requested

a. ☒ Establish Retention Schedule; record will continue to accumulate.   AGENCY-WIDE APPLICATION

b. ☐ Dispose of present accumulation; no further accumulation anticipated.

c. ☐ Amend Application No. _____ Check One: ☐ Change; ☐ Supercede; ☐ Void

4. Dates of Series	5. Records Series Title *(followed by title used in office; if different)*
Earliest Latest 1976 to date	Workmen's Compensation Claim Files

6. Division and Office Function   What is the function of the Division and the Office in which this record series is created?

The Division of Administration is responsible for providing administrative support to the Department. This includes general accounting services; general suppoet services; data processing and management information systems; patient accounts services; and personnel services.

Personnel Services provides leadership and support for the Department in the broad area of personnel administration.

7. Record Series Description   This file contains the following documents *(include form numbers and titles, if any):* Attach samples of the file.

Documents relating to: processing claims by employees for injuries and/or disabilities received at their job.

Included are: Initial Medical Report (form no. 18 /Rev. 7/74/) showing name and address of employer; name, address of employee; patient's description of accident; date of disability; date of first treatment: services engaged by; whether or not patient had prior impairment due to previous injury or disease; description of treatment; whether or not there is permanent disability; date of service; type of medical services and drugs; amount; doctor's name, address, and i.d. number and date; Employer's First Report of Injury or Occupational Disease (GWC form 18 /Rev. 2-75/) shows information about employer, employee, address, description as to how accident happened; injury; and other information for reporting injury; physician, hospital, phamarcy bills; and related correspondence.

File is arranged:

alphabetically by last name of claimant.

8. Monthly Reference Rate   How often are records referred to which are:

One to six months old 4-5 daily; Seven to twelve months old 4-5 daily; Thirteen to twenty-four months old _____; twenty-five months and older _____?

9. Annual Rate of Accumulation of Records

Letter-size drawers 3; Legal-size drawers _____; Shelves _____; Other *(specify)* _____

YES	NO	10. Questionnaire (Place an "X" in the proper column)
	X	a. Is this the official copy of the series? If not, where is it? Workmen's Compensation Board
	X	b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.
X		c. Is this a vital record?
	X	d. Does this series have historical or long term research value?
	X	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
	X	f. Is the information contained in this series ever published? If yes, attach copy.
	X	g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
X		h. Is there a duplication of this series in your office, or in another office or agency? If yes, where? DHR submitting offices
X		i. Is this series (or a major portion of it) regularly microfilmed?
X		j. Does the record series result in a computer printout?

11. Retention Requirements   The following requires the series to be kept:

- a. State Law _____ years.
- b. Statute of limitation _____ years.
- c. Federal law _____ years.
- d. Audit period _____ years.
- e. Administrative need _____5_____ years.
- f. Federal retention instructions _____ years.

Attach copy or excerpt of laws or regulations. Explain administrative need.

12. Approved Disposition Instructions   This agency recommends that the file series be cut off at the end of each:

☒ Calendar Year; ☐ Fiscal Year; ☒ Other _____ then,

Central Personnel Section

- ☒ Hold in the current files area _____ month(s) ___2___ year(s); then
- ☐ Transfer to local holding area; hold _____ year(s); then
- ☒ Transfer to State Records Center; hold ___3___ year(s); then
- ☒ Destroy.
- ☐ Transfer to State Archives for permanent retention.
- ☒ Other (Specify)

DHR Offices outside the Atlanta Metro Area

hold in current files area 2 years; transfer to local holding area; hold 3 years; then destroy.

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
Laura Lugin	6/27/77	_Elizabeth H Clark_	6/23/77

Recommendations in paragraph 12 are approved. (If disapproved, attach letter of explanation.)		State Records Committee (Signature)	Date
	State Auditor/Designee		7-5-77
	Secretary of State/Designee	_Carroll Hart_	7-1-77
	Attorney General/Designee		7-5-77

AR-80-71; Rev. 76   (Reverse Side)